BOROUGH OF GOSPORT

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1953

BOROUGH OF GOSPORT

To The Mayor, Aldermen and Councillors of the Borough of Gosport.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my twenty-third Annual Report on the Health and Sanitary Circumstances of the Borough for the year ended the 31st December 1953.

It is not my custom to "Stir it and stump it and blow my own Trumpet" as Mr. Punch advised all who wished to get on to do. I have always preferred to follow my family's motto "Let the deeds show." Unfortunately letting the deeds show in public health matters is not as easy as it is in many other directions partly because it may take many years for action taken for the benefit of public health to show its value (e.g. It took many years for improvements in water supplies and sanitation to be clearly reflected in the incidence of sickness and death rates and before their contribution to the virtual elimination of cholera and typhoid and reduction in other intestinal diseases was fully realised) and partly because other factors such as immunization, better housing, better food, better education, better working conditions and better wages all contribute to better health. When so much is being done for the general welfare no single improvement or action can claim all the credit and will be lucky to get any.

Therefore I think it may be useful and advisable before I depart from office to depart from my usual custom and put on record some of the things I have advocated in the interests of the public health during my twenty-four years as Medical Officer of Health for Gosport and to underline the public health record of the borough over the same period lest all be forgotten when new brooms and new methods catch the limelight with a roar of fanfares and billowing banners.

Broken Sewer Outlet Pipe One of the first things I had to press for when I took office was the repair of the sewer outlet pipe which had been broken near its middle for some years. Its repair had been put off on grounds of expense and I encountered much opposition in trying to get it repaired but I succeeded in the end - though not unscathed. However the discharge of sewage into the sea at about double the pre-repair distance from the shore resulted in much less frequent contamination of the sea water in Stokes Bay and the virtual cessation of complaints by bathers about it. I have also advised screening of the sewage to break it up before its discharge into the sea in order to increase the speed of its oxidation and thus diminish the danger of contamination of Stokes Bay water by it. I believe my advice has been accepted and a plan approved for the installation required but further action has been deferred pro tem. I hope my successor will be successful in prizing the plan from its pigeon hole and getting it put into force before it has been completely forgotten.

Sewage Overflow Outlets Sewage being a potential source of danger to health it is important to take all possible and practicable precautions in its disposal. To this end I advised the extension of the sewage outfall pipe from the creek just opposite Grove Road School (in which children frequently paddled) to the low water mark about half a mile lower down the creek and also the piping in of the ditch in Ham Lane (into which one of the sewage overflow pipes discharged) right down to the creek at the foot of Quay Lane. Both of these improvements of course cost a good deal of money and it was not until I reported to the Ministry of Health and one of their inspectors came to see the conditions for himself that my advice was accepted and acted upon and only then after considerable delay and repeated promptings.

Chlorination of the Water in the Corporation's Swimming Pool

I advised this on the grounds that contamination of the water with the germs of disease could easily occur and no-one could say when. Expense, as usual, was the main argument against installing a chlorinating and filtration plant but the economists yielded in the end and ever since the public has enjoyed the benefit of a clean, clear and safe water in the Corporation's swimming pool. How far the chlorinating and filtration plant has been responsible for the pool's good health record I can't say but I can say that no outbreak of disease has been traced to this source in my time - twenty-four years.

It is not with any wish to blame anybody that I emphasize the difficulty of getting approval for improvements of this kind but to stress the need for perseverance to achieve the results desired in spite of all opposition and unpopularity.

Refuse Disposal When I was appointed Medical Officer of Health for Gosport all the refuse was incinerated, a hygienic but expensive method of disposal. Because of the expense and the relatively cheaper disposal by tipping the Local Authority decided to adopt the latter. I was against it at first on hygienic grounds but I had to take into consideration that controlled tipping was approved by the Ministry of Health subject to certain precautions including covering the refuse by at least nine inches of well firmed soil. Therefore I withdrew my opposition on condition that the precautions advised by the Ministry would be rigidly observed. However it soon became apparent that they were not being observed and particularly the most important precaution of covering the refuse with nine inches of well firmed soil. Repeated inspections showed me that none of the covering was anywhere near nine inches deep and mostly consisted of not more than a couple of inches of loose soil and in some places, especially the sides, the refuse was not covered at all. When I reported this to the Health Committee my report was passed to the appropriate Committee for attention and the next thing I heard about it was that the Ministry's Chief Inspector of controlled tipping had

been called in by the appropriate Committee, at an appropriate time and during my absence on holiday, and that he had expressed his complete satisfaction with the methods adopted. Needless to say when this was reported to the Council it was received with acclamation and many pitying eyes were turned on me. However I hadn't long to wait before the defects of which I complained became very obvious again and I got some members of the Health Committee to go and inspect the refuse tip for themselves and see that I wasn't exaggerating. Having done so they agreed with me and reported to the Council accordingly. After that there was considerable improvement but even now relapses occur for one reason or another and frequent supervision is therefore required.

Mosquito Control The best means of getting rid of mosquitoes is of course to do away with as many of their breeding grounds as possible. The main breeding grounds of the prevalent variety of mosquitoes in Gosport are on low lying land which soon becomes wet after heavy rainfall and provides the moist conditions required. Therefore I have advised the draining or filling in of swampy land wherever possible and I am pleased to record that my advice has been accepted with more alacrity in this instance than on many other occasions when it was just as sound. The reason being that it afforded a ready means for dumping refuse on otherwise useless land. Thus low lying land at Clayhall, Stokes Bay, Heslar Golf Links, Hardway and Elson has already been filled in by refuse and the Browndown Marshland is now being treated in the same way. There is no doubt that this reclaiming of extensive areas of low lying land has made a very considerable contribution to the control of mosquitoes in Gosport and by the regular spraying of other breeding grounds on public land in the borough the Local Authority is doing as much as it can to suppress mosquitoes. However Crown lands and private premises are fruitful sources of mosquitoes over which the Local Authority has no control. Therefore before complaining of mosquitoes residents should inspect their own premises for breeding grounds frequently provided by stagnant water in tubs, buckets and other receptacles.

These are just some of the things of no news value upon which a Medical Officer of Health can spend a good deal of his time but which form a large part of his main duty which is to safeguard the public health. It may be said that they are only sanitary matters which could and should be left to the Sanitary Inspectors. Maybe, but so long as the Medical Officer of Health is made responsible (as he is by the Sanitary Officers' Order) for the general direction and work of the sanitary staff he cannot, without exposing himself to a charge of derilictions of duty, ignore sanitary matters and the work of his sanitary staff and it is adequate supervision and seeing for oneself that takes so much time. In any case, so far as I am aware, no advice had been given to the Local Authority in respect of the matters I have mentioned until I gave it myself.

Slum Clearance Before the War a good deal of my time was taken up inspecting unfit houses and officially representing them as such. This is a duty specifically placed upon the Medical Officer of Health by the Housing Acts 1935 and 1936 and I had not only to inspect the houses but attend the Health and Housing Committees to explain and advise regarding the legal aspects of the Acts with which I had to be thoroughly familiar. However it was worth while as practically all our slums had been cleared and their tenants re-housed before the outbreak of World War 11.

The Daily Round Apart from the things I have already mentioned and keeping a watch on all matters which might endanger the public health, most of the Medical Officer's time is occupied on routine and emergency duties connected with the welfare and school medical services and infectious disease and in the general administration and supervision of the work of his department not to mention his attendance at the Council and certain Committee meetings. It is certainly a full time job, although this is not always appreciated by some who should know better, and unlike much of the work of other Chief Officials most of it has to be done by the Medical Officer himself unless he has an Assistant Medical Officer on his staff to whom he can delegate some of his duties. Therefore it is very difficult for the Medical Officer of Health, without giving offence, to avoid allowing himself to be overloaded with County work to the detriment of his duties as Medical Officer of Health. It is also difficult for the County Medical Officer and his staff to avoid overloading him because County work is necessarily divided into sections and the heads of sections may each make demands on his time without being aware of the total load he is being asked to carry or of the time that is needed to do the work required. I mention all this without malice or complaint and mainly for the sake of my successor because it is so easy to engender ill-will and to get a bad name by refusing to undertake more work than one has time for - an excuse which no-one believes. So if the foregoing contributes to a better understanding of the work and tribulations of the single-handed Medical Officer of Health it will have accomplished its purpose. Of course the best way of overcoming these difficulties would be by complete delegation of the County Council's welfare and medical obligations in Gosport to the Local Authority for discharge by their Medical Officer of Health with the help of Assistant County Medical Officers put at his disposal. If the term delegation is banned as I believe it is then the well-worn word devolution (which means the same) can be used instead as it has been on many other occasions and successfully too.

The Public Health Record Now for the public health record of the borough since I took office nearly 24 years ago. Reference to the statistical tables in my Annual Reports will show a very satisfactory and almost unbroken trend towards better health expressed by higher Birth Rates and lower Death and Infectious Disease Rates.

Apart from seasonal outbreaks of Scarlet Fever, Measles and Whooping Cough and other minor infectious diseases there has been no epidemic of any serious disease or illness during the whole of my time and during the same period such serious diseases as Diphtheria and Typhoid have practically disappeared in Gosport (last case of Diphtheria 1949 and no Typhoid for ten years and longer) while infections of the brain and spinal cord have greatly diminished and been brought under control with the exception of Acute Poliomyelitis ("Polio" or Infantile Paralysis). One of the main concerns of public health to-day is to control and prevent the spread of this disabling disease which has increased from one or two cases per annum for the previous 15 years to an average of five cases per annum for the past 7 years. Not a large number really but a disturbing increase. This increase in the incidence of Poliomyelitis is not confined to Gosport but has become world-wide and reached epidemic proportions in Malta during the war and in Holland and Switzerland in 1945 and in England the number of cases increased from 4 per 100,000 prior to 1947 to 18 per 100,000 in that year and to an average of 10 cases per 100,000 since. Although the term Infantile Paralysis is somewhat misleading approximately one third of all cases do occur in children under 5 and one third in children of the school age group and only one third of all cases in persons above 15 years of age. Happily only about 10% of the cases admitted to hospital as "Polio" become severely paralysed, 17 or 18% have some degree of residual paralysis which is not likely to prevent them from working and in the majority of cases complete or almost complete recovery is the rule. Fortunately too "Polio" appears to require close association with infected persons for its spread and with its low case rate of only about one per 10,000 population contrasts very favourably with infectious diseases like Measles and Whooping Cough etc. which spread like wildfire. These facts should be borne in mind by the Press and Public to counteract the present tendency towards Scare Headlines and Panic especially when but a few cases of "Polio" have been notified. As someone has wisely said even telling the truth where it is likely to be misunderstood is equivalent to spreading falsehood. Anyhow "getting the wind up" won't stop the spread of "Polio" and may seriously interfere with the Medical Officer's endeavours to do so by causing too much of his time to be taken up in answering excited enquiries and in pacifying a panic ridden public. Inoculation with a protective serum has been tried with some success in the U.S.A. but it is not available at present in this country for the general protection of the public. In any case the protection it gives is short-lived (up to 5 weeks) and of limited value.

Intestinal Infection and Food Poisoning The purity of our water supply and the pasteurising of our milk combined with the sanitary disposal of refuse and sewage leaves contaminated food one of the chief causes of gastro-intestinal infection. Unnecessary food handling especially by unwashed hands is a common source of contamination as also is sneezing, coughing and even talking over food particularly cream (real and artificial), soups and cooked meat.

The wonder is that food poisoning is not more common having regard to the frequency of food handling in shops, restaurants and elsewhere and the infrequency of washing hands after using the water closet and before handling food. The Clean Food Drive has done something to awaken the public conscience but progress will be slow until people have the courage to complain of unhygienic methods there and then when observed and refuse to accept food unnecessarily or unhygienically handled or exposed to contamination by dirt, dust, cats, flies and vermin etc. Dogs are more maligned than guilty and food should and can easily be put out of their reach. Compulsory registration of places selling food would help provided the Local Authority had power to refuse or withdraw registration if reasonable standards of hygiene and cleanliness were not maintained.

The managers of food premises in Gosport have been given Clean Food posters to hang in their premises and advice re hygienic methods and the provision of adequate washing facilities and generally they have been very co-operative. But constant supervision and training of staff in hygienic methods is essential if outbreaks of food poisoning are to be prevented. Up to date we have been very fortunate in having had no serious outbreak of food poisoning in Gosport and very few notifications of it either. But it only needs the large scale consumption of food contaminated by a carrier of virulent germs to start a big outbreak of food poisoning. Particular care should therefore be taken in respect of food to be eaten by a large number of people e.g. school meals, wedding parties and similar functions where many people consume the same food. Any food not eaten the same day as it is cooked should of course be kept in a 'Frig.

How far the reported increase in notifications of food poisoning in 1953 over 1952 is well founded is I think open to doubt as I know that some authorities accept and return as notifications of food poisoning laboratory reports (or notifications based on them) of the isolation of S. Typhi Murium untraceable to the consumption of contaminated food and which may only have been isolated in routine examinations for other purposes or from the stools of symptomless carriers. It is the same story with "Polio", cases being notified on the flimsiest grounds such as "aborted A.P.M." and so on. It would seem that in our eagerness to detect and suppress disease we may well magnify its prevalence and exaggerate its importance to the point of producing widespread alarm and despondency. Indeed I think there are signs of this danger already as shown by the undoubted increase in mental disorder and anxiety states. In fact now it only needs a few cases of "Polio" to start the big headlines in the Press and public panic whereas pre-war they aroused little interest.

Only an Outline This then is but an outline of Gosport's health record during the past 24 years. If it is as good for the next quarter of a century the residents should find little to complain of and much to be thankful for. It is also an outline of my and my staff's public health activities over the same period and I hope enough at least to show that we haven't been idle or entirely unsuccessful. I will not attempt to assess the value of my own and

my staff's efforts in safe-guarding the public health - probably much less than I like to think. But the important thing to remember is that the health record in Gosport has been good for a long time and long may it continue so to be, whether by the grace of God alone or with the help of the Medical Officer of Health and his staff and other agents.

But good health news won't put Gosport on the map. Oh No, it must be bad to really hit the headlines. To get the best of both worlds one must indulge in publicity stunts the glory of which I bequeath to my successor who no doubt will appreciate that:-

"He who whispers down a well
Of the goods he has to sell,
Will never gain as many dollars
As he who climbs a tree and hollers."

What of Gosport's Public Health Record for 1953? As will be seen from the statistical tables there has been a decrease in the Birth Rate from 18.5 in 1952 to 17.6 which still compares very favourably with 15.5 for England & Wales. The general Death Rate shows little change, 10.32 per 1,000 population, compared with 11.4 for England & Wales. But the Infant Mortality Rate shows a big increase from 19.9 per 1,000 live births in 1952 to 31.2 in 1953 compared with 26.8 for England & Wales. Although it has often been said that the I.M.R. is the best guide we have to the state of the public health it isn't really true. It is more an index of social circumstances as the rate tends to be high in areas where bad housing, overcrowding, insanitary habits, ignorance and neglect are common. In short a high I.M.R. is usually associated with a low standard of living and confined to the area in which the standard is low. In any case too much importance should not be attached to wide fluctuations in the I.M.R. in places with relatively small populations such as Gosport because the total number of births is also small and therefore the I.M.R. is too easily influenced by a few more deaths in one year than another. For example the number of infant deaths under one year in Gosport in 1953 was only 11 more than the previous year and yet was sufficient to push up the I.M.R. from 19.9 to 31.2 which would be alarming if for the whole population of England & Wales but in this case is largely a matter of luck like keeping a small boat on an even keel. For instance a fire or outbreak of serious illness in our Maternity Home, as occurred recently elsewhere, might result in 15 or more infant deaths which would cause the Infant Mortality Rate to shoot up even higher than 31.2 and yet have no connection with social circumstances or public health in Gosport.

Another common fallacy is the belief that the span of life (70 in biblical times) has been substantially increased within the past few decades whereas it has only increased by a little over a year in the past 100 years, for the expectation of life at 65 was 10.8 years in 1838-54 and is only about 12 years now. In other words more people are living longer but life isn't getting much longer. So fair shares all round is becoming the rule even as regards longevity,

due no doubt to better social and economic conditions. Of course the most important factor of all is the longevity of one's ancestors. But to get the best of one's ancestry the "seed" must be protected until it has a firm foothold and is able to look after itself. Hence the importance of a low I.M.R. and the value of Maternity & Child Welfare.

Maternal Mortality — There were no deaths from maternal causes in Gosport in 1953.

Tuberculosis Death Rate — A slight increase is shown over 1952 from 0.17 per 1,000 population to 0.18 which is still below that for England & Wales 0.20.

Cancer Death Rate — A slight decrease from 1.44 per 1,000 population in 1952 to 1.22 compared with 1.99 for England & Wales.

Notifications of Infectious Diseases — As will be seen from the statistical tables the notifications of Measles were nearly double the number in 1952. In the case of Measles this increase is to be expected every two years so it was not a surprise. There was also a sharp rise in the number of cases of Scarlet Fever but fewer cases of Whooping Cough were notified. Notifications of Pneumonia were up from 31 to 110 probably associated with the outbreak of "Influenzal Colds" in the first quarter of the year. There were 6 cases of A.P.M. compared with 7 in 1952 and no deaths. Three recovered completely and the other three almost. About a dozen other infectious diseases were also notified during the year for which see table. Only one case of food poisoning was notified during the year.

Absence from Work — Sickness benefit claims showed a substantial increase compared with 1952 but these were attributed mainly to minor illnesses.

Housing — The number of permanent houses built in 1953 was 229 making a total of 2,606 built since the end of the war. Although the Local Authority housed 188 new tenants during the year there were more applicants for Council Houses on the waiting list at the end of the year than at the beginning. It is to be hoped that more people will take advantage of the easy terms now available to buy their own houses in which they can take a real pride and interest. There must be very few people in Gosport who cannot afford the very small deposit required now to get a loan to buy a house.

Domestic Help Service — A total of 57 maternity and 276 other cases received help from this service during the year.

From the foregoing remarks and the information contained in the body of this report I think it is fair to claim that the state of the public health in Gosport during 1953, as in previous years, was satisfactory apart from the increase in cases of "Influenzal Colds" and Pneumonia.

In concluding this my final report I want to apologise for its delay due to my intention to leave it to my successor to complete until I was asked to defer my retirement until he was able to take on his duties. If I have said too much I hope I may be forgiven. All I have said has been said with the best intentions and without malice towards anyone. I have tried to do my duty without fear or favour as we are exhorted to do at the opening of every meeting of the Council. It has not been easy, popular or very rewarding in the material sense but doing one's duty as a Medical Officer of Health seldom is. However I am not complaining. There is satisfaction in acting according to one's lights even though they may appear rather dim to other people.

Before concluding I would like to thank the Chairman and other members of the Health Committee for their co-operation in helping me to discharge my duties and for their kindly consideration and indulgence towards one who has not perhaps always been as tactful and discreet as he might have been. I want to thank the Mayor and all the members of the Council toofor their kindly and courteous consideration. Finally I want to thank the Town Clerk and other chief officials and their assistants for their co-operation and goodwill through all the years we've worked together in fine weather and foul. To Dr. Roberts, Medical Officer of Health, Portsmouth, I owe and hereby acknowledge my grateful thanks for his many kindnesses and help and especially in deputising for me during my absence from Gosport. This goes for his deputy, Dr. Woodrow too. To Dr. McLachlan, Superintendent, Infectious Diseases Hospital, Milton, and his very able and obliging deputy Dr. O'Driscoll I am much indebted and grateful for their ever ready co-operation and help and also to Dr. Hughes, Director of the Public Health Laboratory Service and to Mr. Williams, City Analyst and their assistants. To my own staff as usual I owe and offer my perennial thanks and especially to Mr. Cope, Senior Sanitary Inspector, my ever willing, cheerful and resourceful lieutenant.

Nunc dimittis.

Your obedient Servant,

G. W. FLEMING

Medical Officer of Health

HEALTH COMMITTEE

1953-54

HIS WORSHIP THE MAYOR
(Alderman A.J. EALES)

Chairman: Alderman J.A.WHEELER

Vice-Chairman: Councillor C.W.L. GILES

Aldermen

Mrs. D.M.MAIN, A.R.NOBES

Councillors

T.V.BRITTON, Mrs B.CARTER, H.W.COOLEY, J.F.FAIRHALL, J.KEAST
Mrs M.V.V.NOBES, H.D.THWAYTES, L. de C.TURNER, A.J.C.WEBSTER

STAFF

Medical Officer of Health

G. W. FLEMING, L.R.C.P & S, L.R.F.P & S, D.P.H.

Senior Sanitary Inspector

H. G. COPE, M.R.San.I, Meat & Food Insp Cert

Additional Sanitary Inspectors

G. BROWNSWORD, Cert R.San I, Meat & Food Insp Cert
K. C. CLARK, Cert R San I, Meat & Food Insp Cert

Shops Acts Inspector

A. E. GORMAN

Senior Clerk

H. J. MOORE

Assistant Clerks

Miss J. G. FISHER
R. J. POTTER

Rodent Control Operator

P. DOWSETT

Mortuary Attendant and Disinfector

F.J. EVANS

Mosquito Sprayer and Deputy Mortuary Attendant and Disinfector

S.C.BENNER

SECTION A - SUMMARY for 1953

General Statistics

Area in acres (land and inland water)..	6,185 (no change)
Registrar General's Estimate of Mid-Year Home Population. ...	62,950 (increase 390)
Number of Inhabited Houses (end of 1953, according to Rate Books)	17,022 (increase 243)
Rateable Value..	£481,758 (increase £4,704)
Estimated Product of Penny Rate (Financial Year 1953/54). ...	£1,930 (increase £4)

Extracts from Vital Statistics

		M	F	Total	GOSPORT		England & Wales
					Rates per 1,000 Home Population		
Live Births:	Legitimate	524	485	1,009	16.03		
	Illegitimate	23	23	46	0.73		
	Total	547	508	1,055	16.76	x 1.05 C.F. = 17.6	15.5
					Rates per 1,000 Total (Live & Still) Births		
Still Births:	Legitimate	7	8	15	14.00		
	Illegitimate	-	2	2	1.86		
	Total	7	10	17	15.86		22.4
					Rates per 1,000 Home Population		
Deaths:	All Causes	279	245	524	8.32	x 1.24 C.F. 10.32	11.4
					Rates per 1,000 Total (Live & Still) Births		
	Maternal Causes	-	-	-	-		0.76
	Infants Under 1 year:-						
	Legitimate	18	14	32			
	Illegitimate	-	1	1			
	Total	18	15	33			

		GOSPORT	England & Wales
Infant Mortality Rates:	All Infants per 1,000 Live Births	31.2	26.8
	Legitimate Infants per 1,000 Legitimate Live Births	31.7	
	Illegitimate Infants per 1,000 Illegitimate Live Births	21.8	
	Enteritis & Diarrhoea Under 2 yrs per 1,000 Live Births	0.9	1.1

	Males	Females	Total
Deaths from Cancer (all sites)	45	32	77
" " Tuberculosis (all forms)	5	4	9

CAUSES of DEATH in GOSPORT during 1953

CAUSES of DEATH	Males	Females	TOTAL
1. Tuberculosis: Respiratory	4	3	7
2. " Other Forms	1	1	2
3. Syphilitic Disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	1	-	1
7. Acute Poliomyelitis	-	-	-
8. Measles	1	-	1
9. Other Infective and Parasitic Diseases	1	1	2
10. Malignant Neoplasm: Stomach	9	7	16
11. " " Lung, Bronchus	12	1	13
12. " " Breast	-	5	5
13. " " Uterus	-	5	5
14. Other Malignant and Lymphatic Neoplasms	24	14	38
15. Leukaemia, Aleukaemia	3	4	7
16. Diabetes	-	5	5
17. Vascular Lesions of Nervous System	29	39	68
18. Coronary Disease, Angina	45	27	72
19. Hypertension with heart disease	7	6	13
20. Other Heart Disease	30	35	65
21. Other Circulatory Disease	18	16	34
22. Influenza	8	5	13
23. Pneumonia	6	10	16
24. Bronchitis	21	10	31
25. Other Diseases of Respiratory System	1	1	2
26. Ulcer of Stomach and Duodenum	5	2	7
27. Gastritis, Enteritis and Diarrhoea	1	3	4
28. Nephritis and Nephrosis	3	1	4
29. Hyperplasia of Prostate	4	-	4
30. Pregnancy, Childbirth, Abortion	-	-	-
31. Congenital Malformations	2	5	7
32. Other Defined and Ill-defined Diseases	25	29	54
33. Motor Vehicle Accidents	8	3	11
34. All Other Accidents	6	7	13
35. Suicide	4	-	4
36. Homicide and Operations of War	-	-	-
TOTAL	279	245	524
Deaths of Infants Under 1 Year of Age:-			
Legitimate	18	14	32
Illegitimate	-	1	1
TOTAL	18	15	33
Deaths of Infants Under 4 Weeks of Age:-			
Legitimate	14	6	20
Illegitimate	-	1	1
TOTAL	14	7	21

BIRTH-RATES, DEATH-RATES, ANALYSIS of MORTALITY, MATERNAL MORTALITY, and CASE-RATES for certain INFECTIOUS DISEASES, in the Year 1953

	GOSPORT	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25000-50000 1951 Census)	London Admin: County
Births	----------Rates per 1,000 Home Population----------				
Live Births	17.6	15.5	17.0	15.7	17.5
Still Births	(0.28	0.35	0.43	0.34	0.38
	(15.8(a)	22.4(a)	24.8(a)	21.4(a)	21.0(a)
Deaths					
All Causes	10.32	11.4	12.2	11.3	12.5
Typhoid and Paratyphoid	-	0.00	0.00	-	-
Whooping Cough	-	0.01	0.01	0.00	0.00
Diphtheria	-	0.00	0.00	0.00	-
Tuberculosis	0.18	0.20	0.24	0.19	0.24
Influenza	0.26	0.16	0.15	0.17	0.15
Smallpox	-	0.00	0.00	0.00	-
Acute Poliomyelitis (incl. Polioencephalitis)	-	0.01	0.01	0.01	0.01
Pneumonia	0.31	0.55	0.59	0.52	0.64
Notifications (Corrected)					
Typhoid Fever	-	0.00	0.00	0.00	0.01
Paratyphoid Fever	0.04	0.01	0.01	0.01	0.01
Meningococcal Infection	0.03	0.03	0.04	0.03	0.03
Scarlet Fever	1.58	1.39	1.50	1.44	1.02
Whooping Cough	3.16	3.58	3.72	3.38	3.30
Diphtheria	-	0.01	0.01	0.01	0.00
Erysipelas	0.31	0.14	0.14	0.13	0.12
Smallpox	-	0.00	0.00	0.00	-
Measles	18.36	12.36	11.27	12.32	8.09
Pneumonia	1.74	0.84	0.92	0.76	0.73
Acute Poliomyelitis (incl. Polioencephalitis)					
Paralytic	0.09	0.07	0.06	0.06	0.07
Non-Paralytic	-	0.04	0.03	0.04	0.03
Food Poisoning	0.01	0.24	0.25	0.24	0.38
Puerperal Pyrexia	5.59(a)	18.23(a)	24.33(a)	12.46(a)	28.61(a)
Deaths	----------Rates per 1,000 Live Births----------				
All Causes under 1 Year	31.2	26.8(b)	30.8	24.3	24.8
Enteritis & Diarrhoea under 2 Years	0.9	1.1	1.3	0.9	1.1

-----Rates per 1,000 Total (Live & Still) Births

Maternal Mortality - 0.76

Abortion Mortality (England & Wales) per million women aged 15-44:-
Abortion with Sepsis 4, Abortion with Toxaemia 1
Abortion without mention of Sepsis or Toxaemia 3

A dash (-) signifies that there were no deaths or notifications

(a) Per 1,000 Total (Live & Still) Births (b) Per 1,000 related Live Births

SECTION B

GENERAL PROVISION of HEALTH SERVICES for the AREA

(a) Laboratory Facilities

Public Health Laboratory Service
Central Lab., Milton Road, Portsmouth..Tel. Portsmouth 74785
Public Analyst's Laboratory, Portsmouth.....Tel. Portsmouth 5482

(b) Ambulance Facilities

Under County Council.....Tel. Winchester 4411
General and Accident Cases.....Tel. Fareham 2170
Infectious Diseases Cases.....Tel. Portsmouth 2046

(c) Nursing in the Home

Under County Council.....Tel. Winchester 4411

General Nursing:-

Mrs. D. Cox, 16 Anns Hill Road.....Tel. Gosport 88905
Mrs. Green, 25 Bay Road.
Miss Larcombe, 6 Elmore Close, Lee..Tel. Lee-on-Solent 79479
Mrs. I. Martin, 15 Dorrien Road.....Tel. Gosport 88495
Miss V. M. Morgan, 96 Sydney Road.....Tel. Gosport 88722
Miss S. M. Pearce, 263 Forton Road.....Tel. Gosport 8039

Midwives:-

Miss M. Fisher, 89 Anns Hill Road.....Tel. Gosport 89330
Mrs. P. Fisher, 146 Beauchamp Ave. B'mary.Tel. Gosport 88531
Mrs. Gow, 33 Bevis Road.....Tel. Gosport 88540
Miss Larcombe, 6 Elmore Close, Lee..Tel. Lee-on-Solent 79479
Mrs. O'Neill, 34 Windsor Road.....Tel. Gosport 89974
Mrs. Pettigrew, 84 Privett Road.....Tel. Gosport 8047
Mrs. Thompson, 21 Thornton Road.....Tel. Gosport 89997
Miss Topley, 1 James Close, Bridgemary.....Tel. Fareham 3237

(d) Clinic and Treatment Centres

Under County Medical Officer, Winchester:-

Maternity & Child Welfare

Child Welfare Centres:-

Crossways Social Hall, The Crossways, Gosport
Mondays, morning and afternoon

Methodist Sunday School Room, Stoke Road, Gosport
Wednesdays, morning and afternoon

Holbrook School, Fareham Road, Gosport
Thursdays, morning and afternoon

St. Thomas's Church Hall, Elson Road, Gosport
Tuesdays, afternoon

Lowry Hut, Lee-on-Solent
1st and 3rd Tuesdays in month, afternoon

(d) Clinic and Treatment Centres (Contd.)

Maternity & Child Welfare (Contd.)

Ante-Natal Clinics:-

Blake Maternity Hospital, Gosport.....Tel. Gosport 8535
Thursdays at 2 pm

Day Nurseries:-

Podds House, Brockhurst Road.....Tel. Gosport 89508
Elmsleigh, Spring Garden Lane.....Tel. Gosport 8024

Minor Ailments Clinic

2 Stoke Road, Gosport.....Tel. Gosport 89131

Dental Clinic

2 Stoke Road, Gosport.....Tel. Gosport 89131

Speech Clinic

"The Gables" Spring Garden Lane.....Tel. Gosport 8032

Verminous Cleansing Clinic

2 Stoke Road, Gosport.....Tel. Gosport 89131

Minor Orthopaedic Clinic

"The Gables" Spring Garden Lane.....Tel. Gosport 8032

Child Guidance Services

"The Gables" Spring Garden Lane.....Tel. Gosport 8032

Attendance by Appointment Only

Vaccination

Carried out by any General Medical Practitioner who has agreed to operate the County Council's Scheme under Section 26 of the National Health Service Act 1946.
Vaccination Record Cards are obtained from and should be returned to The County Medical Officer, Winchester.

Diphtheria Immunisation

At School Clinic (By Appointment Only)
Child Welfare Centres and Day Nurseries
or By Own Doctor

Regional Hospital Board Services

Orthopaedic Clinics

"The Gables" Spring Garden Lane.....Tel. Gosport 8032
(a) Surgeon's Clinics 3rd Tuesday odd months at 10 am
(b) Remedial Clinics every Friday all day

Tuberculosis: Chest Clinics

"The Gables" Spring Garden Lane.....Tel. Gosport 88007

Mondays 9.30 am - Patients previously examined
12 noon and 2 pm - New Patients
Tuesdays 9.30 am - Appointments
1.30 pm - Refills
Evening Clinic - 3rd Monday every month

(d) Clinic and Treatment Centres (Contd.)

Regional Hospital Board Services (Contd.)

Venereal Diseases

Clinics: St. Marys Hospital, Portsmouth...Tel. Portsmouth 2476

Males (Tuesdays 10-12 noon, Thursdays 5-7 pm) Females (Mondays 5-7 pm, Wednesdays 2pm, Fridays 10am)

Ophthalmic Clinic (Administered by County Council on behalf of Regional Hospital Board)

"The Gables" Spring Garden Lane.....Tel. Gosport 8032
Attendance by Appointment Only

(e) Hospitals

War Memorial Hospital (General).....Tel. Gosport 8157

Infectious Diseases Hospital.....Tel. Portsmouth 2046

Blake Maternity Home.....Tel. Gosport 8535

Ballard Lodge Nursing Home (Private).....Tel. Gosport 8143

Haslar Hospital (Naval).....Tel. Portsmouth 74571

SECTION 47 of the NATIONAL ASSISTANCE ACT 1948
NATIONAL ASSISTANCE (AMENDMENT) ACT 1951

Removal to Suitable Premises of Persons in Need of Care and Attention

Applications were made, and granted, during the year for Court Orders for the Removal of 2 aged and infirm females - in one of the cases action was taken under the National Assistance (Amendment) Act 1951. Subsequent applications for Renewals of the Orders were also granted and are still in force.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

Water

The main supply is a typical chalk water remaining practically constant in quality, neutral in reaction and free from deposit on standing. It has no plumbo-solvent action. It is hard in character but is much softened on boiling. The water is chlorinated before it reaches the mains.

The supply has been satisfactory in quality and quantity.

The following table shows the number of samples taken during the year and the results of analysis were all satisfactory:-

	Chem.Exam	Bact.Exam	Total
Water from Public Supply Mains	-	30	30
Water before chlorination	7	4	11

No action in respect of any form of contamination was required during the year. So far as is known all except two of the dwelling houses in the borough have direct main supplies.

Drainage and Sewerage

No additional lengths of sewers were laid in the borough during the year.

Rivers and Streams

There was no pollution in the area requiring any action.

Closet Accommodation

There were no conversions of pail closets to water closets during the year.

Number of water closets	17,938
Number of pail closets	25

Public Cleansing

Household refuse is collected once weekly by the Corporation. The emptying of cesspools is carried out by Hants Cleansing Service.

Sanitary Inspections of the Area

Dwelling Houses:	
Inspections under Public Health Acts	689
" " Housing Acts	4,506
After Infectious Disease	424
Overcrowding	14
Complaints received and attended to	263
Drainage Inspections	85
Drains Tested	1
Houses Let in Lodgings	2
Common Lodging Houses	22
Offensive Trades	3
Tents, Vans and Sheds	14
Stables and Piggeries	181
Factories (Power)	114
" (Non-Power)	22
Public Conveniences	817
Rats and Mice	430
Offensive Accumulations and Refuse Disposal (Corporation Tips etc.)	134
Mosquito Control	17
Revisits to Premises under Notice	1,967
Interviews with Owners etc.	855
Verminous Premises	46
Council House Applicants - Inspections of Homes	93
Pet Animals	21
Swimming Baths	30
Miscellaneous Visits	598
Meat and Foods:	
Butchers' Shops and Stalls	76
Bakehouses	28
Fishmongers and Poulterers	55
Greengrocers and Fruiterers	55
Grocers and Other Food Shops	167
Food Preparing Premises, Fried Fish Shops, etc.	40
Dairies and Milkshops	14
Ice Cream Premises	132
Preserved Food Premises	13
Cafes	93
Hawkers	16
Milk Samples	152
" Detergent Samples	15
" Bottles	53
Water Samples	13
Food & Drug Samples	124
Ice Cream Samples	214
Food Inspection Visits	208
Miscellaneous	101
Total Visits	12,614

Summary of Sanitary Work Carried Out

Houses:	Roofs	180
	Walls (external)	48
	Chimneys and Stacks	23
	Rainwater Pipes	37
	Eaves Guttering	64
	Yards and Passages	1
	Coalhouses	2
	Dampness Abated	111
	Wallplaster	81
	Ceilings	56
	Floors	86
	Windows	132
	Sashcords	55
	Additional Ventilation	17
	Stairs	9
	Doors	37
	Vermin	27
	Fireplaces	44
	Cooking Ranges	2
	Sinks (Provision of)	1
	" (Repair and Renewal)	7
	Sink Waste Pipes	9
	Repairs to Water Supplies	3
	Food Stores Provided	1
	Miscellaneous	29
Drainage:	Drains Cleared	76
	" Repaired	7
	New Drains	1
	Other Defects	6
Water Closets:	New Pans Provided	21
	" Seats Provided	1
	" Cisterns Provided	3
	Repaired	57
Miscellaneous:	Offensive Accumulations	11
Contraventions:	Common Lodging Houses	1
	Food Premises	40
	Stables and Piggeries	1
	Factories	15
	Hawkers Premises	2
	Other Premises	1
	Total Defects Remedied	1,305

Notices Served	Informal Notices:	Public Health Acts	345
		Food and Drugs Act	17
		Factories Act	5
	Statutory Notices		133
Notices Complied With			328

Shops Act and Young Persons (Employment) Act

2,691 Visits were made.
10 Informal Notices were served and all were complied with.

Camping Sites - No change

Smoke Abatement - No action required

Swimming Baths and Pools - No change

Eradication of Bed Bugs

The following action was taken during the year:-

	Council Houses	Other Houses	Total
Number of houses found to be infested	-	3	3
" " " disinfested	-	3	3

Rodent Control

One man was employed whole-time on rodent control throughout the year. In addition casual labour was employed when required on sewer treatment for lifting of manhole covers etc.

The following work was done during the year:-

Private Dwellings Inspected	1,780
" " Treated	321
Business Premises Treated (Costs recoverable)	23

Sewer Treatments: Sewers in the borough are divided into sections and the following maintenance treatments were carried out during the year:-

Rodent Control (Contd.)

Sewer Section	Number of Manholes Baited	
	10% Tests	Treatments
Lee-on-Solent	15	
Town	16	49
Christchurch and Newtown	27	47
Mill Lane	10	
Lees Lane - Anns Hill	21	45
Beryton Road	8	12
Avery Lane - B'hurst Rd - Frater	10	
Eastbourne Ave - Hastings Ave	9	
Chantry, Palmyra and Rydal Roads	8	14
Grove Road and Hardway	8	15
Grange Estate	10	
Leesland and Whitworth Roads	18	44
Bury Rd - Anglesey Rd - The Avenue	9	
Fareham Road	8	
Privett Road - Vectis Road	10	
Clayhall	9	
Bridgemary Estate	34	
Total Manholes Baited	230	226

236 Complaints of Infestations were received and attended to during the year.

Mosquito Control

Regular spraying of breeding places was continued during the spring and summer and did much to lessen the nuisance.

Breeding grounds on private premises are not under our control but the public is warned of the importance of giving proper attention to these sources of mosquitoes.

The cost for wages, material and transport etc was £245:2s:2d for the year ending 31st December 1953.

Arrangements were made with the A.D.A.H, Southern Command, for mosquito control by Army Sanitary Squads on the Browndown Marshes and adjoining land occupied by the War Department. The filling in by household refuse of marshy land at Haslar Golf Links and now in progress on the Browndown Marshes should help considerably in mosquito control by cutting down their breeding grounds. The filling in of all such land should be encouraged as it is the best way to suppress mosquitoes.

FACTORIES ACTS 1937 and 1948

INSPECTIONS for purposes of PROVISIONS as to HEALTH

Premises	No. on Register	Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	10	22	1	-
(ii) Factories not included in (i) in which Sect.7 is enforced by the Local Authority	91	114	4	-
(iii) Other Premises in which Section 7 is enforced by Local Authority (excluding outworkers' premises)	-	-	-	-
TOTAL	101	136	5	Nil

CASES in which DEFECTS were FOUND

Particulars	Defects Found	Defects Remedied	Referred To H.M.I	Referred By H.M.I	Prosecutions instituted
Want of Cleanliness (Sect.1)	3	4	-	-	-
Overcrowding (Sect.2)	-	-	-	-	-
Unresonable Temperature (Sect.3)	-	-	-	-	-
Inadequate Ventilation (Sect.4)	-	-	-	-	-
Ineffective Drainage of Floors (Sect.6)	-	-	-	-	-
Sanitary Conveniences (Sect.7):-					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or Defective	7	8	-	2	-
(c) Not separate for sexes	-	-	-	-	-
Other Offences against the Act (excluding offences relating to outwork)	2	2	-	-	-
TOTAL	13	15	Nil	2	Nil

OUTWORK (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	Out-workers in August List	Cases of default in sending Lists to the Council	Prosecutions for failure to supply Lists	Work in unwholesome premises	Notices Served	Prosecutions
Wearing Apparel - Making etc	24	-	-	-	-	-
Others	-	-	-	-	-	-
TOTAL	24	-	-	-	-	-

SECTION D

HOUSING

1. Inspection of Dwelling Houses during the Year

(i)	(a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts)	2,346
	(b) Number of inspections made for the purpose	5,195
(ii)	(a) Number of dwelling houses (included under sub-head (i) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	2,012
	(b) Number of inspections made for the purpose	4,506
(iii)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	97
(iv)	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1,453

2. Remedy of Defects during the Year - Without Service of Formal Notices

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	168

3. Action under Statutory Powers during the Year

A.	Proceedings under Sections 9,10 & 16 of the Housing Act 1936	Nil
B.	Proceedings under Public Health Acts:-	
(i)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	129
(ii)	Number of dwelling houses in which defects were remedied after service of formal notices:-	
	(a) By Owners	118
	(b) By Local Authority in default of Owners	Nil
C.	Proceedings under Sections 11 & 13 of the Housing Act 1936	6

4. Housing Act, 1936 - Part IV - Overcrowding

(a)	(i) Number of overcrowded dwellings on our register at the end of the year	6
	(ii) Number of families dwelling therein	6
	(iii) Number of persons dwelling therein	59
(b)	Number of new cases of overcrowding reported during the year	3
(c)	(i) Number of cases of overcrowding relieved during the year	1
	(ii) Number of persons concerned in such cases	3
(d)	Particulars of any cases in which dwelling houses have again become overcrowded after the L.A. have taken steps for the abatement of overcrowding	Nil

5. Slum Clearance - Position at 31st December 1953

Total Number of Houses Demolished	395

6. Housing Progress

During 1953	New Houses Built	(i) By Local Authority (a) Permanent	119
		(b) Temporary (Prefab.)	Nil
		(ii) By Private Enterprise	110
Total Post-War	New Houses Built	(a) Permanent	2,606
		(b) Temporary (Prefab.)	600
	War-Destroyed Houses Re-built		170

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Milk Sampling and Testing for the Year 1953

To comply with
The Milk (S.D)(R.M)Regulations 1949
and
The Milk (S.D)(P & S.M) Regulations 1949

Class of Milk	Number of Samples Examined	Tests	Number of Samples	
			Passed	Failed
Pasteurised	113	Phosphatase	111	2
		Methylene Blue	111	2
T.T.Pasteurised	36	Phosphatase	36	-
		Methylene Blue	36	-

The Phosphatase Test is for adequacy of heat-treatment and the Methylene Blue Test for keeping quality.

Milk Bottles — 50 sample milk bottles were submitted for tests of sterility. 42 of the bottles were satisfactory and 8 were unsatisfactory.

Cleansing Fluids — 14 samples of fluid used for cleansing of bottles, utensils, etc, were submitted for examination and all were satisfactory.

Appropriate action was taken on all unsatisfactory reports

Milk and Dairies Regulations 1949

Registrations:	Dairies (other than dairy farms)	6
	Distributors	6

Milk (S.D)(P & S.M) Regulations 1949

Licences:	Pasteurisers		3
	Dealers (Pasteurised)		2
	" "	Supplementary	1
	" (Sterilised)		1
	" "	Supplementary	2

Milk (S.D)(R.M) Regulations 1949

Licences:	Dealers (T.T)		5
	" "	Supplementary	1

Meat and Other Foods

Our meat came from Slaughterhouses outside the Borough under Ministry of Food control.

1638 lbs Beef, 59 lbs Frozen Livers, 2⅝ lbs Lamb, 3 lbs Mutton, 60 lbs Ox Heads, 4 lbs Ox Kidney, 84 lbs Ox Sweetbreads and 22½ lbs Pork were condemned.

Other foodstuffs condemned as unfit for human consumption were as follows:-

Government Victualling Establishment

Biscuits	1483½ lbs	Meat & Vegetables	41½ lbs
Chocolate	383 "	Oatmeal	1094 "
Dehydrated Vegetables	31 "	Pickles & Meat Extracts	118 jars
Dried Fruit	4385¼ "	Rice	168 lbs
" Vegetables	438 "	Salt	11 "
Frying Oil	56 "	Tinned Fish	1216 tins
Jams	24 "	" Fruit	1029 "
Lard	5 "	" Meat	533 "
Lemon Powder	1 tin	" Milk	89 "
Malt & Yeast	78½ lbs	" Soups	227 "
Mashed Potato Powder	10 "	" Vegetables	560 "

Others

Bacon	70 lbs	Haslet	8 lbs
Bath Chaps	6	Meat Roll	24 "
Boneless Cooked Pork	4 lbs	Mixed Nut Kernels	3½ "
Brawn	15¼ "	Olives	1 jar
Butter Flavouring	1 "	Orange & Lemon Essences	16 ozs
Cashew Nuts	7 "	Pease Pudding	1 tin
Cereals	6¾ "	Pork Pies	184
Cheese	60 pkts	Pork & Tongue	2 lbs
"	173¼ lbs	Roast Pork	17 "
Chicken Cutlets	24	Sausages	324½ "
Chocolate Tea Cakes	5½ doz	Sausage Rolls	23 "
Cocoanut Flour	2 pkts	Steak Pies	38
" Ice	16 lbs	Tinned Fish	59 tins
" Marshmallows	160	" Fruit	1084 "
Cooked Ham	9⅝ lbs	" Jam & Marmalade	8 "
Cornish Pasties	22	" Meat	252 "
Cream Cake	6 lbs	" Milk	156 "
" Cheese	11 pkts	" Pastes	6 "
Dripping	10 lbs	" Soups	26 "
Fish	114stone	" Vegetables	358 "

Food & Drugs Act 1938 Samples taken during the year:-

	GENUINE			UNSATISFACTORY			TOTAL		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Milk	57	-	57	-	-	-	57	-	57
Other Foods	6	52	58	2(a)	6(b)	8	8	58	66
Drugs	-	9	9	-	2(c)	2	-	11	11
TOTAL	63	61	124	2	8	10	65	69	134

Action taken re Unsatisfactory Samples:-

(a) (i) Pork Sausage Meat	Contained 49% meat. Deficient of 24.6% of minimum standard of 65%	Warned by Town Clerk. (Legal Proceedings stopped on death of Manufacturer.)
(ii) Pork Sausages	Contained 160 p.p.m. of Sulphur Dioxide Should be sold as Preserved Pork Sausages	Warned. Requisite Notice subsequently displayed.
(b) (i) Sponge Flour Mix	Infested with live mites and raising power had deteriorated as a result of storage.	Warned. Remainder of Stock surrendered and destroyed.
(ii) Celery Cheese Spread	Heavy mould growth present. Label offence - contained undeclared emulsifying salt.	Remainder of Stock (1 pkt only) taken and destroyed.
(iii) Canned Italian Cherries	Astringent unpalatable taste due to excess salts of iron. Not of the quality demanded by purchaser	All remaining Stock taken and destroyed.
(iv) Shredded Beef Suet	Contained 80.5% of fat instead of not less than 83.0% required by Food Standards (Suet) Order 1952	Recommendations of Food Standards Committee brought to notice of Manufacturer. Undertaking, to take the greatest care in preparation of product, accepted.

Action taken re Unsatisfactory Samples (Contd.):-

(b) (v) Ham Cheese Spread	Label Offence - contained undeclared emulsifying salt.	No other stock.
(vi) Steak & Kidney Pie	False description - contained no significant amount of kidney.	Manufacturer Warned. Labels altered to "Meat Pie".
(c) (i) Boric Ointment	Not B.P.1953. Prepared from old formula of 6th Addend. to B.P. 1932 with Hydrous ointment base. Unsatisfactory discolouration from rusty metal cap and separation of water.	Old Stock. All destroyed (as advised when sample taken).
(ii) Glycerine	Contained 3.5% water whereas B.P. permits not more than 2.0%.	Manufacturers' Explanation and Undertaking, to give more detailed supervision in manufacture, accepted. Remainder of Stock (1 bottle only) taken and destroyed.

Ice Cream Premises Registered:- For Manufacture 4
For Sale Only 143

No. of Samples Taken	Samples Reported				% in Grade 1	% in Grades 1 or 2	% in Grade 3	% in Grade 4
	Grade 1	Grade 2	Grade 3	Grade 4				
138	98	32	3	5	71%	94.2%	2.2%	3.6%

The Public Health Laboratory Service advises that samples should be judged on results of a series and suggests that over a six-monthly period

50% of Samples should fall into Grade 1
80% " " " " " Grades 1 or 2
not more than 20% " " " " " Grade 3
and no " " " " Grade 4

In all cases of unsatisfactory reports the manufacturer and retailer were advised verbally and by circular letter re precautions to be taken to prevent contamination.

Food Poisoning Only 1 case of Food Poisoning was notified in 1953.

SECTION F

PREVALENCE OF, and CONTROL OVER, INFECTIOUS and OTHER DISEASES

	Cases	Deaths
Acute Poliomyelitis (paralytic)	6	-

(i) Male aged 5 yrs - No residual paralysis.

(ii) Male aged 8 yrs - Only very slight residual stiffness in muscles of back.

(iii) Male aged 30 yrs - No residual paralysis.

(iv) Female aged 16 mths - Very slight residual facial paralysis.

(v) Male aged 19 yrs - Service case. Some residual tenderness muscles of left shoulder, arm and leg; developed a correctable scoliosis (to the left) and was invalided from Service in February 1954.

(vi) Male aged 32 yrs - Service case. No residual paralysis except ? some partial weakness of left palate.

Dysentery	8	-
Food Poisoning	1	-
Measles	1156	1
Meningococcal Infection	2	1
Para-typhoid Fever	3	-
Pneumonia	110	16
Scarlet Fever	100	-
Whooping Cough	199	-

During the year the following cases from Gosport were admitted to Portsmouth Infectious Diseases Hospital:-

Ac. Poliomyelitis (paralytic)	3	Influenzal Meningitis	1
Ac. Strept Throat	2	Infective Burns	1
Bronchitis	2	Infective Hepatitis	2
Chicken Pox	2	Laryngitis	1
Diarrhoea	1	Measles	2
Dysentery	2	Miliary T.B.	1
Encephalitis	1	Observation	33
Enteritis	2	Para-typhoid Fever	2
Food Poisoning	1	Pneumonia	4
Gastro Enteritis	6	Puerperal Pyrexia	6
German Measles	1	Pyloric Stenosis	1
Glands of Neck	1	Tonsillitis	1
Healthy Babies	3	Ulcerated Mouth	1
Influenza	2	Whooping Cough	6

Immunisation Against Diphtheria

Children immunised at the School Clinic, Child Welfare Centres and Day Nurseries and by their own Doctors.

Number of Children Immunised during the year

	Age at date of final injection or reinforcing injection							
	Under 1	1	2	3	4	5 to 9	10 to 14	Total
Number of children who completed a full course of primary immunisation	326	323	38	19	10	36	5	757
Number of children who received a secondary (reinforcing) injection	-	-	-	3	70	621	39	733

Number of Children who had Completed a Course of Immunisation At any time up to 31st December, 1953

Age at 31.12.53 i.e. Born in Year		Under 1 1953	1-4 1952-1949	5-9 1948-1944	10-14 1943-1939	Total Under 15
Last complete course of injections (whether primary or booster)	1949-53	28	2866	3201	728	6823
	1948 or earlier	-	-	463	1993	2456

Numbers and Estimated Percentages of Children Immunised by End of Year

	Children Under 5 yrs of age			Children Aged 5-14 yrs incl.			TOTAL CHILDREN Under 15 yrs of age		
	Estimated Mid-Year Population Under 5 yrs	Numbers Immunised	Percentages Immunised	Estimated Mid-Year Population 5-14 yrs incl.	Numbers Immunised	Percentages Immunised	Estimated Mid-Year Population Under 15 yrs	Numbers Immunised	Percentages Immunised
End of 1947	5340	1904	35.65%	7560	4301	56.89%	12900	6205	48.10%
" " 1948	5895	2308	39.15%	7958	4802	60.34%	13853	7110	51.32%
" " 1949	6013	2689	44.71%	8139	5180	63.64%	14152	7869	55.60%
" " 1950	6066	2914	48.03%	8532	5389	63.16%	14598	8303	56.87%
" " 1951	6113	2971	48.60%	8797	5562	63.22%	14910	8533	57.23%
" " 1952	5993	3027	50.51%	9198	5911	64.26%	15191	8938	58.83%
" " 1953	5900	2894	49.05%	9500	6385	67.21%	15400	9279	60.25%

Tuberculosis

AGES	NEW CASES - 98				DEATHS - 9				Cases on Register at 31.12.53			
	Pulm.		Non-Pulm.		Pulm.		Non-Pulm.		Pulm.		Non-Pulm.	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 yr	1				1							
1- 4 yrs	1	2	1	1					1	2	1	
5-14 "	5	4	2						17	15	13	6
15-24 "	7	19	1	2				1	41	55	10	15
25-34 "	11	15	1	3		1			79	90	5	11
35-44 "	7	2							80	44	2	7
45-54 "	5	2		1		1	1		68	23	4	5
55-64 "	3				2	1			33	14	2	1
65 and over	2				1				13	3		1
TOTALS	42	44	5	7	4	3	1	1	332	246	37	46

Tuberculosis Death Rate:- Pulmonary 0.11 per 1,000 population
Non-Pulmonary 0.03 " " "
All Forms 0.14 " " "

Ratio of Non-Notified Deaths to Total Deaths:- 1 : 9

There was no instance of wilful neglect or refusal to notify.

There is no evidence of excessive incidence of, or mortality from, Tuberculosis in any particular occupation in the area.

		Cases on Register	Cases Under Supervision or Treatment at Chest Clinic	Cases Admitted to Sanatoria
Pulmonary	Males	314	267	47
	Females	229	199	45
	Children	35	33	5
Non-Pulmonary	Males	23	11	3
	Females	40	22	2
	Children	20	13	2

Date	Number of Cases on T.B.Register					R.G's Estimate of Population	Incidence Rate (per 1,000 population)					T.B. DEATH RATE (All Forms per 1000 population)
	Pulm Males	Non-Pulm Males	Pulm Females	Non-Pulm Females	TOTAL		Pulm Males	Non-Pulm Males	Pulm Females	Non-Pulm Females	TOTAL	
31.12.34	47	11	31	18	107	40870	1.15	.27	.75	.44	2.61	0.75
31.12.35	44	12	29	17	102	41910	1.05	.28	.69	.41	2.43	0.43
31.12.36	51	12	33	24	120	42720	1.19	.28	.77	.56	2.80	0.56
31.12.37	53	12	34	28	127	44210	1.19	.27	.77	.63	2.87	0.63
31.12.38	60	17	47	24	148	45910	1.31	.37	1.02	.52	3.22	0.50
31.12.39	64	16	56	24	160	47630	1.34	.34	1.17	.51	3.36	0.46
31.12.40	69	14	52	24	159	37300	1.85	.37	1.39	.64	4.26	0.69
31.12.41	73	12	56	24	165	33160	2.20	.36	1.68	.72	4.97	0.54
31.12.42	83	15	63	27	188	34130	2.43	.44	1.84	.79	5.50	0.55
31.12.43	97	21	65	37	220	35550	2.72	.59	1.82	1.04	6.18	0.65
31.12.44	111	22	71	44	248	37170	2.98	.59	1.91	1.18	6.67	0.99
31.12.45	138	33	91	43	305	40470	3.41	.81	2.24	1.06	7.53	0.78
31.12.46	178	34	113	47	372	45160	3.94	.75	2.50	1.04	8.23	0.48
31.12.47	214	35	133	46	428	47240	4.53	.74	2.81	.97	9.05	0.73
31.12.48	215	30	135	39	419	49000	4.38	.61	2.75	.79	8.55	0.56
31.12.49	233	34	148	41	456	49690	4.69	.68	2.97	.82	9.17	0.54
31.12.50	233	32	153	38	456	58450	3.99	.54	2.62	.65	7.80	0.32
31.12.51	265	33	185	39	522	61710	4.29	.53	2.99	.63	8.45	0.22
31.12.52	297	33	206	40	576	62560	4.74	.53	3.29	.64	9.20	0.18
31.12.53	332	37	246	46	661	62950	5.27	.59	3.91	.73	10.50	0.18

NOTE 1947 - First Visit of Mass Radiography Unit to Gosport
1951 - Second " " " " " " "
1953 - Third " " " " " " "

Change in Estimates of Population:-
Previous to 1950 - Estimate was of Civilian Population.
1950 Onwards - Estimate has been of the Home Population (i.e. Civilian Population plus the Armed Forces stationed in the area).

Once again there has been a substantial increase in the number of notified cases of Tuberculosis (All Forms) on Register at the end of the year. The Incidence Rate per 1,000 Population also continued to rise and at the end of 1953 it was 10.5 compared with 6.18 ten years ago - probably the result of better methods of detection (particularly Mass Radiography) rather than a real increase in the incidence of Tuberculosis.

However, the T.B. Death Rate over the same period shows a pleasing decline from 0.65 per 1,000 population at the end of 1943 to 0.18 at the end of 1953.

INFECTIOUS & OTHER DISEASES — CASES NOTIFIED During 1953

Numbers according to Sex and Age after Corrections subsequently made, either by the Notifying Medical Practitioner or by the Medical Superintendent of the I.D.Hospital

Ages	Scarlet Fever		Whooping Cough		Acute Poliomyelitis Paralytic		Acute Poliomyelitis Non-Paralytic		Measles	
	M	F	M	F	M	F	M	F	M	F
Under 1 year			6	8					17	15
1 - 2 years	3	1	34	34		1			168	130
3 - 4 "	16	15	24	24					180	190
5 - 9 "	25	34	29	39	2				204	221
10-14 "	2								4	9
15-24 "	2	1			1				3	6
25 and over		1		1	2				3	6
Age Unknown										
TOTAL	48	52	93	106	5	1	-	-	579	577

Ages	Pneumonia		Dysentery		Para-Typhoid Fever		Erysipelas		Meningococcal Infection		Food Poisoning	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 5 years	15	12	1		1				2			
5-14 "	8	5	3	1	2			2				1
15-44 "	15	9		3				2				
45-64 "	12	7					6	3				
65 and over	7	20					3	3				
Age Unknown							1					
TOTAL	57	53	4	4	3	-	10	10	2	-	-	1

	M	F		M	F
Puerperal Pyrexia	-	6	Ophthalmia Neonatorum	1	-

Year	COMPARATIVE BIRTH RATES				COMPARATIVE DEATH RATES			
	R.G's Estimate of Population	No. of Births	Birth Rate per 1,000 population GOSPORT	Eng. & Wales	R.G's Estimate of Population	No. of Deaths	Death Rate per 1,000 population GOSPORT	Eng. & Wales
1924	32,680	622	19.03	18.8	30,580	338	11.05	12.2
1925	33,150	665	20.06	18.3	30,670	356	11.6	12.2
1926	31,990	637	19.91	17.8	29,740	324	10.89	11.6
1927	33,520	623	18.58	16.7	30,300	355	11.05	12.3
1928	34,130	652	19.1	17.8	30,730	342	11.12	11.7
1929	35,130	686	19.52	16.3	31,650	444	14.02	13.4
1930	37,130	651	17.53	16.3	33,080	353	10.67	11.4
1931	37,580	704	18.7	15.8	33,360	371	11.1	12.3
1932	38,720	740	19.1	15.3	38,720	447	11.5	12.0
1933	39,570	702	17.7	14.4	39,570	436	11.2	12.3
1934	40,870	707	17.29	14.8	40,870	407	10.1	11.8
1935	41,910	705	16.82	14.7	41,910	414	10.06	11.7
1936	42,720	752	17.60	14.8	42,720	436	10.4	12.1
1937	44,210	837	18.93	14.9	44,210	464	10.69	12.4
1938	45,910	856	18.64	15.1	45,910	453	10.02	11.6
1939	47,630	942	19.77	15.0	44,980	485	10.96	12.1
1940	37,300	870	23.32	14.6	37,300	531	14.95	14.3
1941	33,160	679	20.47	14.2	33,160	488	14.71	12.9
1942	34,130	801	23.47	15.8	34,130	420	12.30	11.6
1943	35,550	848	23.85	16.5	35,550	458	12.88	12.1
1944	37,170	1047	28.16	17.6	37,170	415	11.16	11.6
1945	40,470	1063	26.27	16.1	40,470	473	11.68	11.4
1946	45,160	1116	24.71	19.1	45,160	504	11.16	11.5
1947	47,240	1275	26.99	20.5	47,240	485	10.27	12.0
1948	49,000	1155	23.57	17.9	49,000	441	9.00	10.8
1949	49,690	1037	20.86	16.7	49,690	515	11.5	11.7
1950	58,450	1011	17.29	15.8	58,450	539	11.5	11.6
1951	61,710	1048	17.83	15.5	61,710	573	11.5	12.5
1952	62,560	1103	18.5	15.3	62,560	513	10.17	11.3
1953	62,950	1055	17.6	15.5	62,950	524	10.32	11.4

NOTE Previous to 1950:- Birth Rates and Death Rates for Gosport were based on Estimates of the Civilian Population only; the corresponding Rates for England & Wales were based on Estimates of the Total Population.

1950 Onwards:- Estimates of Population, both for Gosport and for England & Wales, were of the Home Population (i.e. Civilian Population plus the armed forces stationed in the area)

AGE GROUPS of DEATHS from ALL CAUSES in 1953

	Under 4 wks		1-11 mths		1-4 yrs		5-14 yrs		15-24 yrs		25-34 yrs		35-44 yrs		45-54 yrs		55-64 yrs		65-74 yrs		75-84 yrs		85-94 yrs		95 yrs & over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Jan		1		2							1		1			1	12	4	12	11	10	11	2	2			38	32
Feb	2	1	1	1							1	1	2		1	1	5	2	8	7	13	11	3	7			36	31
Mar	1								3	1		2	1		1	1	3	4	6	6	2	14	2	3			19	31
Apr	1			1	1				1				1	2	3	2	6	2	5	8	5	6	2	2	1		26	23
May	1	1		1					2		1	1	1		3	1	3	2	7	4	3	4	1	3			22	17
June	1	1					1		1	1				1			3		6	3	1	3	2	4			15	13
July	3	1		1	1				1					1	1		7	4	7	8	5	1		1			25	17
Aug	1	1			1	1	1			2			1	1	1		2	1	5	3	2	2	1	1			15	12
Sept									1		1	1			1	1	3	1	6	1	4	5	2				18	9
Oct	2		3						3				1	1	1	1	4	5	6	6	6	2	2	5			28	20
Nov	2	1							1	1	3		1	1	2		5	5	3	3	1	5	1	3		1	19	20
Dec				2	1						1		2			1	4		5	5	3	8	2	4			18	20
TOTAL	14	7	4	8	4	1	2	-	13	5	8	5	11	7	14	9	57	30	76	65	55	72	20	35	1	1	279	245

Borough of Gosp

1953

INFANT MORTALITY RATE

Measured by the
Proportion of Deaths under one year to Registered Births

Year	GOSPORT	England & Wales
1922	54.4 per 1,000 births registered	77 per 1,000
1923	57.6 " " " "	69 " "
1924	65.9 " " " "	75 " "
1925	55.6 " " " "	75 " "
1926	36.1 " " " "	70 " "
1927	46.5 " " " "	69 " "
1928	42.9 " " " "	65 " "
1929	62.6 " " " "	74 " "
1930	44.5 " " " "	60 " "
1931	41.1 " " " "	66 " "
1932	52.7 " " " "	65 " "
1933	39.8 " " " "	64 " "
1934	38.2 " " " "	59 " "
1935	49.64 " " " "	57 " "
1936	38.56 " " " "	59 " "
1937	39.43 " " " "	58 " "
1938	53.73 " " " "	53 " "
1939	44.66 " " " "	50 " "
1940	35.63 " " " "	55 " "
1941	46.92 " " " "	59 " "
1942	61 " " " "	49 " "
1943	40 " " " "	49 " "
1944	37 " " " "	46 " "
1945	40 " " " "	46 " "
1946	33 " " " "	43 " "
1947	29.8 " " " "	41 " "
1948	24.24 " " " "	34 " "
1949	21.21 " " " "	32 " "
1950	29.6 " " " "	29.8 " "
1951	20.9 " " " "	29.6 " "

MONTHLY WEATHER SUMMARY for the YEAR 1951

MONTH	MEAN BARO-METER (ins)	TEMPERATURE						SUNSHINE		RAINFALL			Relative Humidity (Satn 100)
		Mean °F	Absolute Max °F	Absolute Min °F	Mean Max °F	Mean Min °F	Mean Daily Range °F	Total Hours	Days of 0.5 hrs or more	Total (m.m)	Total (ins)	Days of 0.01 ins or more	
Jan	29.78	41.6	50	26	45.5	37.7	7.8	60.6	15	82.0	3.23	20	86.0
Feb	29.55	41.3	49	33	45.1	37.5	7.6	82.0	21	144.5	5.67	20	86.2
Mar	29.71	42.3	54	30	46.8	37.8	9.0	103.0	19	99.6	3.92	22	77.7
Apr	29.90	46.4	75	36	53.1	39.7	13.4	213.1	28	56.4	2.22	15	67.8
May	29.90	52.8	65	39	58.3	46.7	11.6	200.1	29	55.6	2.19	11	72.7
June	29.96	58.6	72	47	64.9	52.3	12.6	305.3	28	41.9	1.65	7	72.2
July	30.04	63.5	78	50	70.1	56.9	13.2	243.4	30	58.5	2.30	8	76.7
Aug	29.80	61.5	72	50	66.6	56.5	10.1	202.0	28	97.6	3.84	20	77.7
Sep	29.94	60.4	75	47	65.3	55.6	9.7	116.6	25	77.8	3.06	13	83.8
Oct	30.03	52.7	65	33	58.4	47.1	11.3	154.0	30	36.1	1.42	7	80.8
Nov	29.60	50.2	61	34	53.9	46.4	7.6	75.8	17	178.3	6.99	23	84.2
Dec	29.95	45.8	53	31	49.8	41.9	7.9	59.8	17	68.2	2.68	15	84.4
Total	-	-	-	-	-	-	-	1815.7	287	996.5	39.17	181	-
Mean	29.85	51.4	64	38	56.5	46.3	10.2	151.3	23.9	83.0	3.26	15.1	79.2

I am indebted to Dr. T. E. Roberts, Medical Officer of Health, Portsmouth, for kindly supplying me with the particulars for the above table.

INFANT MORTALITY RATE

Measured by the
Proportion of Deaths Under One Year to Registered Births

Year	GOSPORT	England & Wales
1924	65.9 per 1,000 births registered	75 per 1,000
1925	55.6 " " " "	75 " "
1926	36.1 " " " "	70 " "
1927	46.5 " " " "	69 " "
1928	42.9 " " " "	65 " "
1929	62.6 " " " "	74 " "
1930	44.5 " " " "	60 " "
1931	41.1 " " " "	66 " "
1932	52.7 " " " "	65 " "
1933	39.8 " " " "	64 " "
1934	38.2 " " " "	59 " "
1935	49.6 " " " "	57 " "
1936	38.5 " " " "	59 " "
1937	39.4 " " " "	58 " "
1938	53.7 " " " "	53 " "
1939	44.6 " " " "	50 " "
1940	35.6 " " " "	55 " "
1941	46.9 " " " "	59 " "
1942	61 " " " "	49 " "
1943	40 " " " "	49 " "
1944	37 " " " "	46 " "
1945	40 " " " "	46 " "
1946	33 " " " "	43 " "
1947	29.8 " " " "	41 " "
1948	24.2 " " " "	34 " "
1949	21.2 " " " "	32 " "
1950	29.6 " " " "	29.8" "
1951	20.9 " " " "	29.6" "
1952	19.9 " " " "	27.6" "
1953	31.2 " " " "	26.8" "

MONTHLY WEATHER SUMMARY for the YEAR 1953

MONTH	MEAN BARO-METER (ins)	TEMPERATURE						SUNSHINE		RAINFALL			Relative Humidity (Satn. 100)
		Mean °F	Absolute		Mean		Mean Daily Range °F	Total Hours	Days of 0.5 hrs or more	Total		Days of 0.01 ins or more	
			Max °F	Min °F	Max °F	Min °F				(m.m)	(ins)		
Jan	30.13	39.3	53	27	43.7	34.9	8.8	44.2	14	28.4	1.12	10	87
Feb	30.07	39.9	54	25	44.7	35.1	9.6	77.8	18	30.4	1.20	9	82
Mar	30.36	42.5	59	27	49.8	35.2	14.6	162.9	28	9.7	0.38	4	79
Apr	29.85	48.4	68	32	54.4	42.4	12.0	208.5	26	32.2	1.27	14	72
May	30.05	56.2	73	39	63.5	48.9	14.6	236.2	28	59.5	2.34	9	74
June	29.89	60.0	80	43	66.4	53.6	12.8	227.0	28	35.5	1.40	13	78
July	29.89	61.9	74	53	67.0	56.7	10.3	201.3	28	63.5	2.50	14	79
Aug	30.02	63.9	77	50	70.1	57.7	12.4	263.1	29	39.8	1.57	8	79
Sep	29.92	59.8	75	47	65.5	54.1	11.4	176.1	28	66.2	2.60	13	79
Oct	30.04	54.1	68	41	59.7	48.5	11.2	111.1	22	77.5	3.04	11	84
Nov	30.10	50.0	59	38	54.3	45.6	8.7	49.1	14	41.4	1.63	11	87
Dec	30.11	47.5	58	35	51.2	43.7	7.5	34.2	12	16.5	0.65	10	89
Total	-	-	-	-	-	-	-	1791.5	275	500.6	19.71	126	-
Mean	30.04	52.0	80(a)	25(b)	57.5	46.4	11.1	149.3	23	41.7	1.64	10.5	81

(a) Maximum (b) Minimum

I am indebted to Dr. T. E. Roberts, Medical Officer of Health, Portsmouth, for kindly supplying me with the particulars for the above table.